

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1477

-62-046003

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED JAN 7 1963

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
MEDICAL CERTIFICATION  
C.A. Potter, M.D.

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Joseph</u>		c. CITY OR TOWN <u>Maitland</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Mo. Methodist Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Maitland</u>	
3. NAME OF DECEASED (Type or print) First <u>Lulu</u> Middle <u>MAY</u> Last <u>Richardson</u>		4. DATE OF DEATH Month <u>12</u> Day <u>28</u> Year <u>1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAU-</u>	7. Married <input checked="" type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-4-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME-OWN</u>	
11. BIRTHPLACE (City and state or country) <u>New Point, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>B.F. FRAISWATER</u>		13b. MOTHER'S MAIDEN NAME <u>MAE L. TRIMMER</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm. A. Richardson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Clear cell carcinomatous</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>	
DUE TO (b) <u>Clear cell carcinoma of rt. kidney</u>		DUE TO (c) <u>Months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ascites; pleural effusion; congestive heart failure.</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		20h. I attended the deceased from <u>11/6/62</u> to <u>12/28/62</u> and last saw her alive on <u>12/28/62</u>	
20i. Death occurred at <u>10:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		20j. SIGNATURE (Degree or title) <u>Caryl A. Potter, M.D.</u>	
20k. ADDRESS <u>Phy. &amp; Surg. Bldg., St. Joseph, Missouri</u>		20l. DATE SIGNED <u>1/2/63</u>	
21a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		21b. DATE <u>12-30-1962</u>	
21c. NAME OF CEMETERY OR CREMATORY <u>OWAN CEMETERY</u>		21d. LOCATION (City, town, or county) <u>NEW POINT, MO.</u>	
21e. FUNERAL DIRECTOR <u>Atchison-Maryville, Mo.</u>		21f. DATE RECD. BY LOCAL REG. <u>Jan 4, 1963</u>	
21g. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>		21h. (Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FEB 25 1963

Permit issued 12/28/62

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George M. Atkinson Jr

Licensed Embalmer No. 5114

P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.